

# MEDICAL BOARD OF CALIFORNIA

# BOARD OF PODIATRIC MEDICINE

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#### INFORMATION ON ENFORCEMENT

Licensing and enforcement of the Medical Practice Act are the two major responsibilities the Legislature has assigned to the Medical Board of California (MBC) and the State Board of Podiatric Medicine (BPM). BPM contracts with the larger MBC for services, including those from Central Complaints and regional offices of investigators. Unlike the osteopathic board, BPM has been included in all of the "Presley bills" enacted during the 1990s to strengthen physician discipline. MBC and BPM contract with the Attorney General's office for prosecution, use independent Administrative Law Judges (ALJs), and follow the State Administrative Procedure Act (APA) like all other state licensing boards to ensure due process.

<u>Probations and Revocations</u>-Of the approximately 2,000 active licensees practicing in California, 27 are on probation as a result of board actions. Since 1992, 13 licenses have been revoked. In FY 1996/97, the Board placed 9 DPMs on probation and revoked two licenses. The number of BPM disciplinary actions is greater than it was in the 1980s. But current enforcement action has actually fallen from peak levels reached in 1991-93, when the board cleaned up its share of the old "Medical Board backlog."

"Administrative discipline" results from the Board's review of complaints submitted by patients, providers, facilities, insurers, and other law enforcement agencies. More than 200 complaints a year are received in Central Complaints. If a quality-of-care case is assigned to an investigator, it is reviewed by one of the BPM's medical consultants, and then, if they recommend, to two of BPM's approved experts. If the investigator, after these reviews, recommends a case be referred to the Attorney General, the board's enforcement coordinator authorizes the transmittal. A Deputy Attorney General then reviews the case and, if appropriate, prepares an Accusation. Once signed by the board's Executive Officer, the Accusation is a public document. A hearing is scheduled before an Administrative Law Judge (ALJ). Frequently, "the Board" and the doctor settle out of court by entering into a Stipulated Agreement. If the case goes to hearing, the ALJ takes the testimony and prepares a proposed decision based on the official record of evidence. Both stipulated agreements and proposed decisions go to the board (the six board members appointed by the Governor and Legislature) for decision.

<u>How Does the Board Decide "Who to Go After?"</u>--Such behavior would violate the Administrative Procedure and Open Meeting laws as well as the oaths of office for both members and staff. The Board responds to complaints and prosecutes cases based on evidence. The Medical Board is exploring options for proactively identifying "dangerous doctors," but any such system will be based on data, not subjective anecdotal opinion.

What should I do if . . . ?—If a complaint is filed, the best thing to do is cooperate with any investigation. It may be the result of a misunderstanding the Board can help clear up. BPM cannot advise about if and when you should hire an attorney, but most doctors do so if the case moves beyond the initial information gathering and interview stages. Remember: Medical Board investigators are peace officers. Before refusing to cooperate, consider how a police officer will react. When a case moves into serious investigation or prosecution, some doctors attempt to politicize the case. This is counter-productive. The best advice is to act professionally, under advice from a responsible attorney. The case will be decided on the facts, not on any special consideration such as who you know. Never contact a board member. Under the State Administrative Procedure Act, the board members must decide the case as a jury, based only upon the findings of fact provided by the judge in the proposed decision. *Ex parte* communication with the board members (jury tampering) is forbidden.

# **BPM Enforcement Responsibilities**

#### The Board

- · Hires/evaluates executive officer
- Adopts discipline guidelines for enforcing Medical Practice Act
- Approves policies for selection of consultants and experts

# **Executive officer (EO)**

#### **Enforcement coordinator (EC)**

 Manage program pursuant to Board-adopted position descriptions and discipline guidelines and State laws such as the Administrative Procedure Act.

### **Central Complaints Office (CCIC)**

- Registers & reviews complaints
- In consultation with BPM Enforcement Coordinator, sends to investigators and consultants
- · Tracks cases and maintains records

## **Investigators** (peace officers)

• Manage cases and recommend referral to Attorney General

#### **Medical Consultants**

- Contracted by executive officer pursuant to Board-adopted qualifications statement
- Provide preliminary screening of quality-of-care cases as requested by enforcement coordinator, Central Complaints, or investigator

### **Experts**

- Drawn from pool approved by BPM's Professional Practice Committee; must meet Board-approved qualification criteria
- · Provide independent, written medical opinions and testify

#### **Deputy Attorneys General (DAG)**

- · Evaluate referred cases
- Draft accusations for signature by executive officer (the *prosecutor*)
- Prosecuting attorney

#### **Administrative Law Judges (ALJs)**

- Preside at hearings--take evidence (through testimony of witnesses and cross-examination by attorneys) sitting alone *unless Board chooses to sit with the judge for the duration of the hearing*
- Issues Proposed Decision (PD)

#### The Board

• Decides case (adopt, reduce penalty, non-adopt) based only upon written record as provided by ALJ in PD. If the Board non-adopts, it may decide the case upon the record, including the hearing transcript, with or without taking additional evidence, or may send the case back to the ALJ for taking additional evidence.